U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Fai'ure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25253	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and acdress of labor organization.
Name Stacey Hull	Name Allied Pilots Association
	Labor Organization File Number 059 - 849
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1917 Bear Springs Drive	Street 14600 Trinity Boulevard, Suite 500
City Haslet	City Fort Worth
State Texas ZIP Code + 4 76052	State Texas ZIP Code + 4 76155-2512
5. Position in labor organization. Graphic Designer	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name American Airlines, Inc.	Payment for services rendered as a Graphic Designer.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any P.O. Box 61.9616, MD 5656	7.b. Amount.		
Street	7.b. Amount.		
City DFW Airport	\$2,779		
State Texas ZIP Code + 4 75219-9616			

Signature

		Date	Telephone Number	
signed Stadius Divi	On	03/27/2006	817-439-1792	
(1)			•	
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information				

Name of Person Filing	Stacey Hull	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Sabre Inc. a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any X c. Employer Street 3150 Sabre Drive City Southlake ZIP Code + 4 76092-2103 State Texas 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Based on information and belief, airline ticketing Name American Airlines, Inc. services and tickcting administration. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4333 Amon Carter Blvd. Not Ascertainable 11.b. Approximate dollar value of such dealing. Fort Worth City 12.a. Nature of interest held or income received. Payment for services rendered to Sabre as a Graphic ZIP Code + 4 76155-2605 State Texas Designer.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or L (including trade name, if any).	abor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Codε + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount.

\$7,110

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Name	of Person	Filing	Stacev	Hu 1 1	

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trace name, if any).	9. Business deals with.
Name Travelocity.com LP	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	
Street 3150 Sabre Drive	C. Employer
City Southlake	
State Texas ZIP Code + 4 76092-2103	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name American Airlines, Inc.	Based on information and belief, airline ticketing services.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 4333 Amon Carter Blvd.	
City Fort Worth	
State Texas ZIP Cods + 4 76155-2605	11.b. Approximate dollar value of such dealing. Not Ascertainate
	12.a. Nature of interest held or income received.
	Payment for services rendered to Travelocity as a Graphic Designer.
	12.b. Amount. \$613